



Tactical switch

How generic substitution
will affect you

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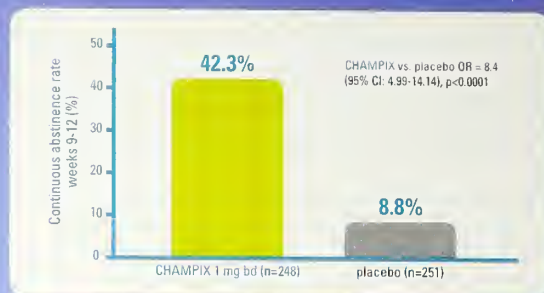
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CHAMPIX can help your mild to moderate COPD patients stop smoking¹



- 91% of middle-aged smokers exhibit one or more symptoms of COPD²
- Smoking cessation is the single most effective intervention to reduce risk of COPD development and progression³



- In a 27 centre, double-blind, multinational study investigating patients with mild-moderate COPD who smoked an average of 24 cigarettes/day over the past month for an average of 41 years:^{1*}
- CHAMPIX provided ~8x greater odds of stopping smoking after 12 weeks of treatment vs. placebo (OR = 8.40; 95% CI: 4.99-14.14, p<0.0001)¹
- After one year, 18.6% of patients treated with CHAMPIX remained smoke-free, vs. 5.6% treated with placebo (OR = 4.04; 95% CI: 2.13-7.67, p<0.0001)¹

*Adapted from Tashkin D *et al.* Presented at CHEST, 2009. A 27 centre, double-blind, multinational study investigated CHAMPIX vs. placebo for smoking cessation in mild to moderate COPD patients (post-bronchodilator FEV₁/FEV₁ <70% and FEV₁ predicted normal value ≥50%). Subjects received either CHAMPIX 1 mg bd or placebo for 12 weeks, with a 40-week non-treatment follow-up. Primary endpoint was CO-confirmed continuous abstinence rate for weeks 9-12. Mean patient baseline characteristics (±SD): number cigs/day over past month 24 (±11); smoking duration 41 (±8) years.

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK. (See Champix Summary of Product characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** Mild to moderate renal impairment: No dosage adjustment is necessary. Patients with moderate renal impairment who experience intolerable adverse events: Dosing may be reduced to 1 mg once daily. Severe renal impairment: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. **Patients with end stage renal disease:** Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Changes in behaviour or thinking, anxiety, psychosis, mood swings, aggressive behaviour, depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with

Champix in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness. Champix should be discontinued immediately if agitation, depressed mood or changes in behaviour or thinking that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. In many post-marketing cases, resolution of symptoms after discontinuation of varenicline was reported, although in some cases the symptoms persisted; therefore, ongoing follow up should be provided until symptoms resolve. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). The safety and efficacy of Champix in patients with serious psychiatric illness has not been established. There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. There have been post-marketing reports of hypersensitivity reactions including angioedema and reports of rare but severe cutaneous reactions, including Stevens-Johnson Syndrome and Erythema Multiforme in patients using varenicline. Patients experiencing these symptoms should discontinue treatment with varenicline and contact a healthcare provider immediately. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast-feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side-effects

were abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for other less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** PDM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30. Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30. Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60. Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60. Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Daks, Dorking Road, Tadworth, Surrey, KT20 7NS. Last revised: 11/2009. Ref: C17_0.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Pfizer Medical Information on 01304 616161.

For further information, please contact Pfizer Medical Information on 01304 616161 or email medinfo.uk@pfizer.com

References: 1. Tashkin D *et al.* Efficacy and safety of varenicline for smoking cessation in patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD). Poster Abstract Presented at CHEST, Oct 31st - Nov 5th, 2009, San Diego, California: Abstract 1054. 2. Calverley PMA. COPD: Early Detection and Intervention. Chest 2000; 117:365S-371S. 3. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Pocket guide to COPD diagnosis, management and prevention. A guide for healthcare professionals. Updated 2008.

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**Editor's comment**

‘FOR MOST CONTRACTORS, THE GENERAL ELECTION IS STILL A DISTANT CONCERN AND IT’S THE SWATHE OF RED APPEARING ACROSS PHARMACY P&L ACCOUNTS KEEPING THEM AWAKE AT NIGHT’

Health matters. A year ago Barack Obama’s plan for US healthcare reforms was the water cooler topic of choice. This month the chatter is a little closer to home as the Conservatives focus on health in the first part of their election assault.

Shadow health secretary Andrew Lansley, a man who seems well-informed about community pharmacy, has set out his party’s plans to tackle public health issues such as obesity and drug use in their green paper on public health (p8).

As you’d expect, it makes all the right noises and talks about an expanded NHS role for pharmacists, as well as praising pharmacists for being the public’s most frequent link to a “knowledgeable healthcare professional”.

Now whether this represents a sure-fire opportunity to advance community pharmacy under a new government, or if it’s just a political wish that has little chance of becoming cast iron policy, your guess is as good as mine.

But for the majority of contractors, the general election is still a distant concern and it’s the swathe of red appearing across pharmacy P&L accounts that is keeping them awake at night.

No one will disagree that the past 12 months has been an annus horribilis for the sector. Redundancies and pay freezes coming on top of soaring workloads are what 2009 will be remembered for by many of our colleagues. So the news that the cost of service

inquiry has finally begun will come as welcome relief (p5).

This week the C+D Senate debated the issue of pharmacy finance. The full write-up will appear shortly, but suffice to say the Senators were pretty forthright in their views. Rising workloads within a finite amount of cash just don’t equate. It’s no longer about providing value for money; it’s more about ensuring patient safety isn’t compromised by the continual cuts in funding.

Whichever party takes the reins, they’ll find a willing, ready and able partner in community pharmacy, but only at a fair price.

Just when will the GPhC launch?

Duncan Rudkin is a name that will become increasingly familiar to pharmacists. The chief executive of the new regulator, the General Pharmaceutical Council (GPhC), has given his first interview and he reveals that it’s impossible to say with any certainty just when the GPhC will go live.

And with the revelation this week (p4) that the draft Pharmacy Order faces a delay after Lord Scott of Foscote challenged the right of inspectors to search pharmacy premises without the owner’s permission or a warrant, perhaps it’s for the best that the launch is put back – even if just for a few weeks.

After all, April 1 was never a great choice as a launch date.

Gary Paragpuri, Editor

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GPhC launch delayed as fears surface over search powers

EXCLUSIVE Pharmacists must wait beyond April for new regulator, confirm insiders

Chris Chapman
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The launch of pharmacy's new regulator will be delayed after fears inspectors would be granted excessive powers.

The General Pharmaceutical Council (GPhC) is set to miss its April launch date after an objection from the House of Lords over powers in the draft Pharmacy Order 2010.

Lord Scott of Foscote challenged the order as it gives inspectors the right to enter and search pharmacy premises without the permission of the owner or a warrant from a judge or magistrate.

Speaking to C+D, Lord Scott said he "cannot understand the need" for the powers and his opposition had caused the order to be delayed.

A senior source close to the GPhC told C+D that the launch could be pushed as far back as June. A senior figure in the Department of Health confirmed

the launch date will be delayed.

Speaking exclusively to C+D, GPhC chief executive Duncan Rudkin said parliamentary processes made it impossible to set a firm date for the GPhC's launch. The confusion was unsettling for pharmacists, Mr Rudkin said. However, he had made a pact with himself not to speculate on a launch date.

He added: "There are still hurdles, in my mind, to go through before we get to that point [naming a date]. So the commitment is as soon as possible."

The House of Lords is the final body required to approve the draft Pharmacy Order before the Privy Council, following the go-ahead from the Scottish parliament last year and the House of Commons on Monday. The Lords is now set to approve the draft Pharmacy Order on February 1.

Currently, RPSGB inspectors have the power to enter and search premises, but only under a Department of Health warrant.



Duncan Rudkin: still hurdles to clear before we can name a launch date

Call for Scots Hep C screening service rollout

Hepatitis C screening should be a national pharmacy service in Scotland, a leading charity has said.

The Hepatitis C Trust has called on all Scottish health boards to pilot offering the tests in community pharmacies, following a successful trial across five PCTs in England.

The 15 per cent detection rate in the England trial (C+D, January 16, p7) was far higher than the 2.5 per cent from the 70,000 tests in Scotland in 2008, the trust noted.

"Tests in pharmacies could help find patients who would otherwise not get tested and they are the ones at real risk of death," said the trust's chief executive Charles Gore. **JR**

Rudkin: expect flexible regulatory style that won't stifle innovation

Pharmacy's future regulator has pledged regulation will be clear and flexible, after pharmacy bodies branded its draft standards "unwieldy" and a potential "bureaucratic strait jacket".

The commitment followed responses by pharmacy bodies to the consultation on the proposed standards for the GPhC, which closed last week.

Speaking exclusively to C+D, GPhC chief executive Duncan Rudkin declined to comment on the criticism of the standards by the NPA and the Institute of Pharmacy Management. However, he emphasised regulation would be clear and proportional.

He said: "You can expect from the GPhC council regulation in a way that's proportionate. That's trotted out like motherhood and apple pie by regulators, but I think it's real.

"And that means we will do what's

necessary, but won't close down or try to stifle professionalism or innovation.

"We have got to have scope for how we advance, and sometimes that means advancing on the boundaries of what was previously considered historically acceptable and normal," Mr Rudkin added.

The comments follow hostile responses to the proposed GPhC standards last week. The NPA branded proposals "unwieldy". Margaret Peycke, NPA external relations manager, said: "The document as it now stands lacks both clarity and consistency and some sections appear in a more

finished form than others."

Meanwhile, the Institute of Pharmacy Management warned that standards could create a "bureaucratic strait jacket" for pharmacists.

The RPSGB national boards have also slammed the draft standards, labelling the proposals "exceptionally disappointing" and "neither flexible nor broad enough to allow practising pharmacists to apply them".

More than 170 responses had been received over the consultation, Mr Rudkin said, adding that it was a tribute to pharmacy that interest had been so strong. **CC**

See how pharmacists set up Hep C pilots

www.chemistanddruggist.co.uk/news



Get the latest on pharmacists' heroic battles against the snow

www.chemistanddruggist.co.uk



Cost of service inquiry seeks contractor input

EXCLUSIVE Accountancy firm asks 500 pharmacies for business data

Zoe Smeaton

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PricewaterhouseCoopers (PwC) has begun contacting pharmacy contractors as it carries out the sector's cost of service inquiry, the Department of Health (DH) has confirmed.

Accountancy firm PwC was appointed by the DH and PSNC to carry out the inquiry last year, after contractors complained that the pharmacy contract in England was underfunded.

The firm is now seeking a sample of 500 pharmacies to take part and has written to contractors from a spectrum of ownerships, sizes and locations, the DH said this week.

The survey will include both a questionnaire and a supporting telephone conversation, with questions focusing on the costs of conducting the business.

Contractors taking part will be asked about the services they provide, staffing structure and future plans, as well as having to submit a copy of their latest financial accounts.

The DH could not confirm how long it would take participating pharmacies to complete the questionnaire but said the data sought was "comprehensive".

However, it stressed that questionnaires were clear and that the telephone conversation would take contractors through them.

The DH and PSNC have urged contractors contacted to help to provide detailed responses. A DH spokesperson said: "It is essential that the costs of the range of pharmacy businesses today are captured fully, as well as identifying the costs of future developments in the community pharmacy service." PwC is expected to deliver the results of the inquiry in April.

Have you been asked to take part in the cost of service inquiry?

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Error prosecutions

The MHRA and Crown Prosecution Service are in the "final stages" of agreeing guidance for prosecutors to use when considering dispensing errors, as promised after the Elizabeth Lee case.

www.chemistanddruggist.co.uk

Platinum Design Awards

If your pharmacy, or one of your company's pharmacies, has been refitted to an exceptional standard since January 2008 you could win £6,000. Get full details on the Platinum Design Awards at: www.chemistanddruggist.co.uk/pda2010

Rituximab in Scotland

Rituximab is now available to patients with relapsed or refractory chronic lymphocytic leukaemia in Scotland, following approval by the Scottish Medicines Consortium. Guidance on rituximab from Nice is expected in April.

Electronic cigarette doubt

More research is required into the safety and long-term effect of electronic cigarettes, researchers have said. The comments, on the BMJ website, warn knowledge of the devices' acute and long-term effects is "at best, very limited". www.bmj.com

NPA tackles red tape

The NPA will hold a members' meeting to discuss administration and paperwork in community pharmacies. The meeting, which will look for ways to reduce bureaucracy, is at Mallinson House, St Albans on February 16. To attend, email m.mcdonald@npa.co.uk

Cancer care

The DH has launched an initiative to give all cancer patients a personalised assessment and care plan. The initiative, in partnership with Macmillan Cancer Support, commits to ensuring all patients with cancer will have personalised support to self-manage their condition by 2012.

Correction

The patent for atorvastatin (Lipitor) expires in 2011 and not 2010 as stated in C+D, January 9, p21.

C+D has beaten its rivals by scooping two of the three awards at the inaugural Avicenna Media Awards, held in London last week. As well as winning Publication of the Year, C+D's features editor Jennifer Richardson won Young Pharmacy Writer of the Year. Avicenna CEO Salim Jetha said of C+D: "There is always one title that I, like my fellow professionals, will pick up for the latest news, views and snippets of information." Mr Jetha, pictured left with Jennifer Richardson and C+D editor Gary Paraguri at the event, also praised C+D's website, adding: "I like the way C+D has developed its content online and I can keep tabs on the latest news quickly and easily."



Thief poses as pharmacy worker

Pharmacists in the Hounslow area have been alerted to a thief posing as a member of pharmacy staff.

Last week a woman stole handbags from two elderly women after posing as a pharmacy worker to gain access to their houses, contractors were told.

Inspector Manpreet Bains, of Hounslow Police Station, said a further two incidents had been reported this week, one in Feltham

and another in nearby Heston, Middlesex.

He said: "She claims to be from a local pharmacy and either says she can collect their prescription or asks them for information."

In one case the woman had claimed to be offering the help to assist patients in the adverse weather conditions, he added.

Inspector Bains said the police had informed pharmacies in the area and

he advised that they could warn patients to call the pharmacy with suspicions.

Uma Patel, of Dunns Chemist in Hounslow, said pharmacists in the area had been given a description of the thief and asked to look out for her.

Pharmacists with information have been asked to call Hounslow police on 0300 123 1212 and quote CAD 3131 of Jan 12. **ZS**

Generics put to the public vote

More than eight in 10 patients believe generic medicines are equally as effective as brands, a European survey has found.

The study was published as pharmacists raised concerns over patients' potential reactions to changes to their regular medicines under government plans for generic substitution. PSNC said this could cause "substantial difficulties".

But seven out of 10 participants in the survey, completed by 2,800 patients in seven European countries including Britain, claimed to know the difference between generic and branded medicines. The proportion was higher in the better educated, the over-45s and men.

But more than 40 per cent doubted that generics contained the same active components as the original brand, Belgian marketing consultancy Insites Consulting found. **JR**

Pay us to fix medicines adherence, says sector

Pharmacists can cut waste with funding and training, APPG hears

Zoe Smeaton

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Improving medicines adherence needs to be prioritised and resources should be freed up to enable pharmacists to help patients take medicines correctly, industry leaders have concluded.

A meeting of the all-party pharmacy group (APPG) this week heard that pharmacists should become experts in patients, as well as in medicines, and spend more time improving adherence.

Ash Soni, a community pharmacist in London, said pharmacists could dedicate more time to talking to patients who had been newly prescribed medicines for long-term conditions.

But others warned the role will require specialist training and could be a "real commissioning challenge".

Rob Horne, professor of behavioural medicine at the School of Pharmacy, University of London, said the role was more than just giving information. "It's making



Professor Nick Barber: pharmacists must be "appropriately remunerated"

the information plausible, telling a story about that treatment that convinces the individual that they need it."

And pharmacists needed to be "appropriately remunerated" and given the training and skills to deliver any such service effectively, according to professor Nick Barber of the School of Pharmacy.

PSNC confirmed it was still in "amicable negotiations" with NHS

Employers on developing a role for pharmacy in helping patients taking new medicines for a long-term condition.

And RPSGB chief executive and registrar Jeremy Holmes announced that the Society had commissioned research on the subject from Alison Blenkinsopp, professor of practice of pharmacy at Keele University, which could aid commissioning of services.

100-hour exemption back in the limelight

The 100-hour pharmacy exemption has been brought to the attention of ministers once again following a local campaign against an application made in Nottingham.

Graham Allen MP issued a parliamentary question last week asking whether the government will bring forward proposals to protect small pharmacy businesses from the effects of in-house pharmacies opening in supermarkets.

The move came after Mr Allen backed Mistry's Pharmacy in Nottingham when Tesco applied to open a 100-hour dispensary in its store next to the pharmacy. Patients campaigned to save Mistry's, launching a petition and creating a "bit of a hubbub", Mr Allen said.

Tesco has withdrawn the application but said while it was aware of the petition it had made the decision to withdraw

"independently" and for operational reasons.

Dayaram Mistry, the contractor at the pharmacy, said this had been a "big weight off his shoulders". But he said he remained cautious as the supermarket could submit another application later. "It's really difficult at the moment so I'm trying to continue supporting our patients," he told C+D.

In spring 2011, legislative changes will give PCTs greater say on contract applications. But pharmacy minister Mike O'Brien has said that until then the 100-hour loophole will continue. **ZS**

Flu rates lower than last winter

Rates of flu-like illness in England are lower than last year and only two thirds of those expected despite the threat of swine flu, the Health Protection Agency (HPA) has said.

According to latest figures, the rate of GP consultations for flu-like illness was only 19.9 per 100,000, compared with an expected seasonal level of 30 per 100,000.

There had also been a small decrease in the number of assessments, antiviral authorisations and collections through the National Pandemic Flu Service, the HPA said.

When asked if the decreased rates of flu-like illness had made an impact on OTC cough and cold remedies, the PAGB said sales were similar to last year. Boots declined to comment on sales information. **CC**

Get your guide to generic substitution

See p10

Governance guide

PSNC has launched a training workbook to help contractors meet their information governance (IG) requirements, which they must begin working towards by the end of March.

www.chemistanddruggist.co.uk

Supply deal renewed

AstraZeneca has renewed its direct to pharmacy distribution deal with AAH and Alliance Healthcare for another four years.

www.chemistanddruggist.co.uk

Mystery shop tests

Numark has launched a mystery shopping service that will use real patients and form the next level of the group's training programme for counter staff. The quarterly mystery shops cost £150 a year and will score customer service.

www.chemistanddruggist.co.uk

Top lawyer names 2009's biggest legal events

See p14

visceral fat loss – at the centre of weight loss and health gain?

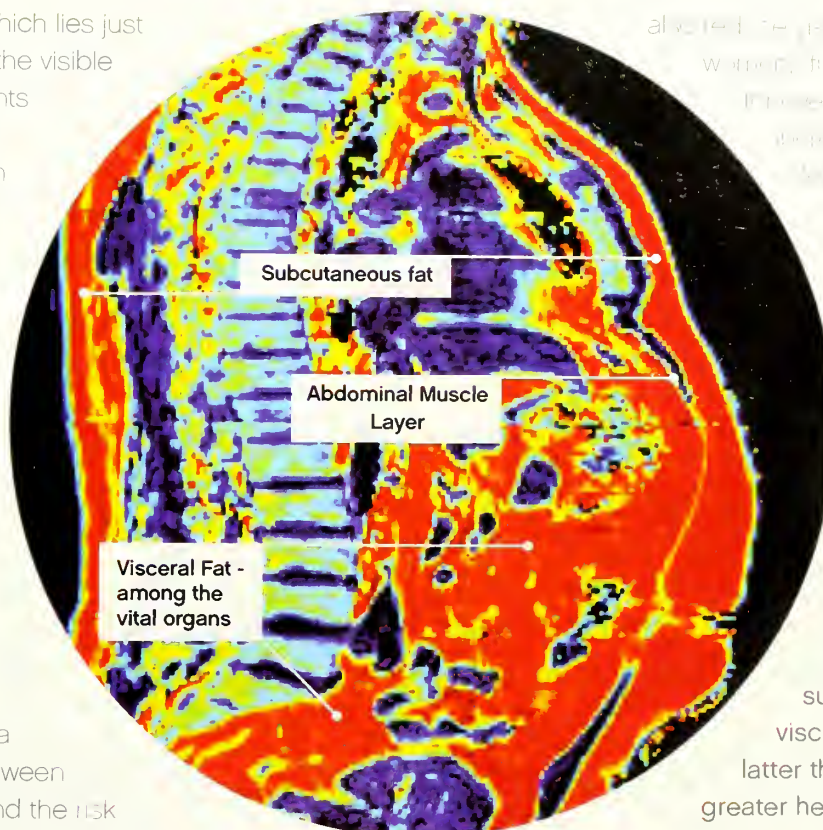
Targeting “hidden” fat should be an important weight loss goal for those at risk of obesity-related health problems.

Subcutaneous fat, which lies just beneath the skin, is the visible fat that everyone wants to lose. But research focuses our attention on a much more dangerous kind of fat: the visceral fat surrounding the organs in the chest and abdomen.³

Visceral fat cells produce many chemical messengers that affect metabolic and circulatory pathways.^{4,5} There is a clear relationship between excess visceral fat and the risk of type 2 diabetes and cardiovascular disease.^{1,2}

The good news is that losing weight with a reduced calorie, lower-fat diet – with or without the help of **alli**, a weight loss aid for overweight adults with a BMI ≥ 28 kg/m² – can reduce visceral fat mass.⁶⁻⁸ Studies show that exercise alone can

also lead to a reduction in visceral fat, but with the further encouragement of **alli**, overweight people can increase their ability to lose weight.



The knowledge can help pharmacy professionals advise and motivate their customers on the importance of a healthy lifestyle. The important message is this: weight loss helps people lose both subcutaneous and visceral fat, but it is the latter that brings significantly greater health benefits.

alli has examined the effect of the combination of **alli** and a reduced calorie, lower-fat diet in visceral fat loss.

The results are soon to be published, so watch this space.

alli
60 mg hard capsules
orlistat

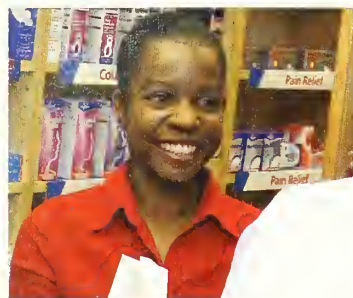


Product Information. **alli** 60 mg hard capsules (orlistat) **Indication** Weight loss in adults BMI ≥ 28 **Dosage.** Adults (18 or over) One capsule within an hour of each of three main meals; Max 3 caps/day for up to 6 months. Use with lower fat mildly hypocaloric diet. If no weight loss within 12 weeks refer to HCP Diet and exercise should start prior to treatment **Contraindications** Hypersensitivity to ingredients, concurrent treatment with oral anticoagulants or ciclosporin, chronic malabsorption syndrome, cholestasis, pregnancy, breast-feeding. **Special warnings and precautions** See GP if kidney disease, on amiodarone, levothyroxine or medication for diabetes or epilepsy. See HCP if on medication for hypertension or hypercholesterolemia. Risk of GI symptoms increases with fat consumption. Take multivitamin at bedtime. See GP if rectal bleeding. Oral contraceptive efficacy may be reduced if severe diarrhoea; use additional contraception. **Drug interactions** Ciclosporin, oral anticoagulants, levothyroxine

antiepileptics, fat soluble vitamins, aciclovir, cholestyramine. **Pregnancy and lactation** Do not use during pregnancy or lactation. **Side effects** See HCP for full details. Predominantly gastrointestinal, e.g. constipation, urgency, usually mild and transient, risk reduced by low fat diet. Rarely, pancreatitis, acute nephropathy, hepatitis, cholelithiasis, abdominal cramps, urinary calculi, erythema, rash and urticaria, including anaphylaxis, bronchospasm, angioedema, pruritus, rash and urticaria, bullous eruption. **Legal category** P. **Marketing Authorisation Holder** Glaxo Group Limited, Greenford, Middlesex, UK. **MA Number** EU/1/97/003/007 & 009. **Pack size and RSP (excl. VAT)** 42, 126, 252, 504, 1008, 1512, 2016, 2520, 3024, 3528, 4032, 4536, 5040, 5544, 6048, 6552, 7056, 7560, 8064, 8568, 9072, 9576, 10080, 10584, 11088, 11592, 12096, 12600, 13104, 13608, 14112, 14616, 15120, 15624, 16128, 16632, 17136, 17640, 18144, 18648, 19152, 19656, 20160, 20664, 21168, 21672, 22176, 22680, 23184, 23688, 24192, 24696, 25200, 25704, 26208, 26712, 27216, 27720, 28224, 28728, 29232, 29736, 30240, 30744, 31248, 31752, 32256, 32760, 33264, 33768, 34272, 34776, 35280, 35784, 36288, 36792, 37296, 37800, 38304, 38808, 39312, 39816, 40320, 40824, 41328, 41832, 42336, 42840, 43344, 43848, 44352, 44856, 45360, 45864, 46368, 46872, 47376, 47880, 48384, 48888, 49392, 49896, 50400, 50904, 51408, 51912, 52416, 52920, 53424, 53928, 54432, 54936, 55440, 55944, 56448, 56952, 57456, 57960, 58464, 58968, 59472, 59976, 60480, 60984, 61488, 61992, 62496, 63000, 63504, 64008, 64512, 65016, 65520, 66024, 66528, 67032, 67536, 68040, 68544, 69048, 69552, 70056, 70560, 71064, 71568, 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327600, 328104, 328608, 329112, 329616, 330120, 330624, 331128, 331632, 332136, 332640, 333144, 333648, 334152, 334656, 335160, 335664, 336168, 336672, 337176, 337680, 338184, 338688, 339192, 339696, 340200, 340704, 341208, 341712, 342216, 342720, 343224, 343728, 344232, 344736, 345240, 345744, 346248, 346752, 347256, 347760, 348264, 348768, 349272, 349776, 350280, 350784, 351288, 351792, 352296, 352800, 353304, 353808, 354312, 354816, 355320, 355824, 356328, 356832, 357336, 357840, 358344, 358848, 359352, 359856, 360360, 360864, 361368, 361872, 362376, 362880, 363384, 363888, 364392, 364896, 365400, 365904, 366408, 366912, 367416, 367920, 368424, 368928, 369432, 369936, 370440, 370944, 371448, 371952, 372456, 372960, 373464, 373968, 374472, 374976, 375480, 375984, 376488, 376992, 377496, 378000, 378504, 379008, 379512, 380016, 380520, 381024, 381528, 382032, 382536, 383040, 383544, 384048, 384552, 385056, 385560, 386064, 386568, 387072, 387576, 388080, 388584, 389088, 389592, 390096, 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Dispensary talk

Will you be voting in the RPSGB elections?



"Yes, possibly, it's a bit last minute now. But it's important. You complain things don't get done, but if you vote someone in you get to have a say."

Jennifer Reid, Fairoak Pharmacy, Streatham, London



"I haven't yet but I know who I'll vote for. This election is important. We need the new body to represent all pharmacists, whether in the community, in hospitals or in academia."

Gurminder Sall, Jeeves Chemist, Buckinghamshire

Web verdict

Yes, I already have 51%

Yes, but I haven't voted yet 17%

No 32%

Armchair view: If actual voter turnout echoes the results of C+D's poll, the Society had better start recruiting extra ballot counters. Over two thirds say they will vote at this year's elections compared to previous turnouts of below 20 per cent.

Next week's question:

At what age do you plan to retire?

Vote at

www.chemistanddruggist.co.uk

NI contractors launch Cat M compensation bid

PCC targets a deal with health bosses after legal victory

Max Gosney
mgosney@cmpmedica.com

Northern Ireland (NI) contractors are set to lodge a claim worth tens of millions of pounds for money lost to illegal category M profit raids.

The compensation bid comes after a High Court judge earlier this month ruled health bosses had used the mechanism "unlawfully".

Pharmacy leaders have vowed to negotiate a settlement deal with NI's department of health, the DHSSPS, "as soon as possible", C+D can reveal.

Terry Hannawin, chief executive of the Pharmaceutical Contractors Committee (PCC), said: "Our intention is to reach a financial settlement with the department in light of the judgement so that monies unlawfully withheld can be distributed among contractors as soon as possible."

A deal to compensate contractors for category M losses since 2007 could total "tens of



Terry Hannawin: contractors' losses could total tens of millions

millions", Mr Hannawin predicted.

The DHSSPS said it would be contacting PCC in the coming weeks with a proposed way forward. A DHSSPS spokesperson added: "It would therefore be inappropriate to comment further at this time."

His comments follow this month's landmark legal win for PCC over the DHSSPS.

Justice Declan Morgan ruled

officials had unfairly applied a category M system that the court heard was "not fit for purpose in Northern Ireland".

Local reimbursement prices had been linked to the Scottish Drug Tariff since 1994, but this had fuelled a funding shortfall after April 2006, the judge said.

Once this became apparent the department had a legal duty to act, he ruled.

Health officials had an obligation to publish a drug tariff that ensured pharmacists received fair and reasonable remuneration for the services and materials provided by them, the judge said.

The DHSSPS was not excused of this duty because it could not agree with the PCC over fair remuneration, he added.

The case included a letter from a department official to the PCC that stated: "On one point I think we are agreed: category M is not fit for purpose in Northern Ireland and we need to replace it."

Christmas cheer for Alliance Boots

Rising retail income in Boots UK stores helped Alliance Boots continue double digit growth in the run up to Christmas.

The pan-European company saw over 10 per cent revenue growth in the final quarter of 2009, the third in the financial year, group chief executive Andy Hornby told colleagues in a letter sent last week.

This continues the trend of double digit growth reported in Alliance Boots' mid-year report in October, despite the weak global economy.

Boots UK retail revenue growth in quarter three was "particularly pleasing", Mr Hornby noted, at over 5 per cent. Dispensing volumes rose almost 4 per cent and customer compliments more than tripled,

giving record customer care results.

Alliance Boots' wholesaling division also showed "strong" growth, Mr Hornby said, which was "particularly good" in the UK, as well as Russia and Norway.

The results put the group "well on track" to deliver 2009-10 targets, but Mr Hornby predicted 2010 would be "another tough year". JR



A greener future: Lloyd's pharmacy MD Richard Smith (right) joins shadow health secretary Andrew Lansley at the launch of the Conservative green paper on public health, which backed an expanded NHS role for pharmacists. The paper, *A Healthier Nation*, outlined plans to boost the sector's role in preventative care under a future contract. It praised pharmacists as the public's most frequent link to a "knowledgeable healthcare professional". The paper also outlined measures to tackle public health issues, such as obesity and drug use under a Conservative premiership. JC

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The insight: generic substitution

Angry patients and yet more extra work? **Jennifer Richardson** looks at the cost of the latest government plans to make pharmacists switch selected branded drugs for generics

What's new?

The Department of Health (DH) has launched a public consultation on plans to allow community pharmacists to dispense generic medicines against prescriptions for branded drugs.

Why is this necessary?

The DH estimates that 5 per cent of prescription items are brand-specific where there is a generic alternative, and believes closing this gap would save the NHS £41 million a year.

Who does this affect?

All practising community pharmacists, GPs and patients in England.

What has the DH proposed?

The consultation outlines three options for generic substitution:

1. Do nothing (current situation remains; no generic substitution).
2. Allow all branded products to be substituted with generics except those specified on an exempt list.
3. Allow selected branded products specified on a list to be substituted with generics.

Under the latter two options, there is the further variable of whether prescribers will be able to either opt out or opt in a prescription for generic substitution.

What is the most likely outcome?

The DH has expressed strong preference for the third option with an opt out clause. It believes this strikes the right balance between



All smiles, but will patients be happy about pharmacists changing their medicines?

patient safety, clinical needs, NHS costs and manageability of implementation.

How will products suitable for substitution be selected?

The DH has proposed an initial list of almost 40 products focused on those that will contribute most to savings, to be reviewed "on a regular basis". It says "only a few" new products will be added no more often than four times a year.

How much is it going to cost the NHS?

The DH has estimated one-off costs

– including training pharmacy staff, and upgrading pharmacy computer systems, prescription forms and prescription pricing systems – of £3.8m and has said it is "likely" to meet these costs itself.

How much is it going to cost me?

The DH has estimated the ongoing costs to pharmacies at £1.5m a year, mainly for the increased time demands of pharmacist intervention. It has not made clear who will pick up this bill – but expects the actual cost to pharmacies to be significantly lower due to savings in stock holding.

When is this going to happen?

The consultation was launched earlier this month, on January 5; it closes on March 30. Subject to the outcome, the DH says there will then be "a notice period" for implementation determined by the chosen option; no timescales are suggested other than that the chosen scheme will be implemented within the year.

Should I be concerned?

Pharmacist representatives have expressed concerns about:

- extra workload and responsibility for pharmacists
- the reaction of patients to a change in their regular medicines – PSNC has said this could cause "substantial difficulties" for pharmacists
- whether generic substitution will achieve much when generic prescribing in the UK already stands at 83 per cent
- the need to exclude certain drugs, such as antipsychotics, for clinical reasons.

The DH has said it has taken these factors into account in developing its proposals.

Will it do any good?

The DH has estimated net benefits to the NHS of between £73m and £237m, with a "best estimate" of £164m.

What should I do now?

Make your views on the proposals known. Respond to the consultation at www.tinyurl.com/dhgeneric.

Mixed reaction greets government plans

Pharmacists have mixed feelings about government plans for pharmacists to dispense generically against prescriptions for brands.

Representatives approve of saving NHS cash, but are also concerned about the implications for those at the sharp end.

There are many good reasons for generic substitution, says Pharmacists' Defence Association director John Murphy, and if healthcare professionals other than GPs are to be involved, "the

pharmacist is more likely than others to have the skills and experience". But he adds: "Pharmacists must not assume that making substitutions is risk free."

The PDA will be providing risk management guidance following the consultation, he says, "to ensure that pharmacists manage the necessary risks in the interests of patient safety and to ensure that they do not leave themselves open to claims".

However, pharmacy law expert

Noel Wardle does not expect too many liability issues, providing the product is substituted with a pharmaceutical equivalent. And he says a positive would be not having to chase GPs to get permission to substitute when a brand is out of stock. This burden will be replaced by another, though, Mr Wardle adds – the need to stay up to date with a regularly reviewed list of products for which generics can be used.

The potential extra workload is an industry-wide concern. "Instead of

solving the problem, which is doctor prescribing, they're trying to get round [that] by putting the burden on pharmacists, says Mr Wardle. "It would be better to get doctors prescribing properly."

Find out what GPs think of the plans

www.chemistanddruggist.co.uk/news



Swap one combination for another



nicotine



nicotine

Combination therapy is recommended by NICE guidelines for those smokers who need extra help to quit for Good. For 24-hour protection plus rapid craving relief, recommend NiQuitin® 21mg (Clear Patch) with NiQuitin® Mints (Mini 4mg Lozenges).

NiQuitin Mints Mint 1.5mg/4mg Lozenges (nicotine). Indication: smoking cessation. **Dosage: Adults (18 and over):** One lozenge (max. 15/day) whenever urge to smoke to aid complete cessation (taper use after 6 weeks) or gradual cessation (seek advice if no reduction after 6 weeks) or gradual cessation (seek advice if no reduction after 6 weeks or no abrupt attempt after 6 months). Professional advice if use >9 months. Use 1.5mg strength if smoke ≤20/day, otherwise 4mg. **Adolescents (12-17 years):** Abrupt cessation only. Dosing as for adults but seek professional advice if >12 weeks treatment required/unable to quit abruptly. **Contraindications:** Hypersensitivity, non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. **Side effects:** At recommended doses, NiQuitin Mints have not been found to cause any serious adverse effects. Nausea, hiccup, flatulence,

GI discomfort, vomiting, diarrhoea, dyspepsia, fatigue, malaise, chest pain, oral irritation, dizziness, headache, sleep disorders including abnormal dreams, anxiety, irritability, nervousness, depression, palpitations, increased heart rate, cough, sore throat, rash, anaphylaxis. See SPC for full details. [GSL] PL 00079/0610, 0611. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and RSP (excl. VAT):** 20's £4.75, 60's £13.32. **Date of revision:** August 2009.

NiQuitin 21, 14, 7mg Transdermal Patches, NiQuitin Clear 21, 14, 7mg (nicotine). Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage: Adults (18 and over):** ≥10 cigarettes/day; Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. <10 cigarettes/day; Step 2 for 6 weeks then Step 3 for 2 weeks. **Adolescents (12-17 years):** As for adults but to seek professional advice if >12 weeks treatment required. **Contraindications:** Hypersensitivity, occasional/non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Discontinue use if severe/persistent

skin reactions. Renal/hepatic impairment, hyperglycaemia, diabetes, phaeochromocytoma. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. Remove patches at bedtime. **Side effects:** At recommended doses, NiQuitin patches have not been found to cause any serious adverse effects. Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness, hypersensitivity reactions. Headache, dizziness, tremor, sleep disorders, nervousness, palpitations, tachycardia, dyspnoea, pharyngitis, cough, GI disturbance, sweating, arthralgia, myalgia, malaise, anaphylaxis. See SPC for full details. [GSL] PL 00079/0368, 0367, 0366, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and RSP (excl. VAT):** 7 patches £14.89, Step 1 only 14 patches £28.04. **Date of revision:** August 2009. **NiQuitin®, NiQuitin® Mints** and the **Minis Device** are trademarks of the GlaxoSmithKline group of companies.

Reference: 1 National Institute Clinical Excellence. Smoking cessation services in primary care: pharmacies, local authorities and work places, particularly for manual working groups, pregnant women and hard to reach communities. Public Health Guidance 17 February 2008.



MyPharmAssist.co.uk
The Online Pharmacy Community

NiQuitin Minis





Emergency case for aspirin

DE Pharmaceuticals will launch a portable aspirin container into independent pharmacies on February 1. The Aspod is designed to provide customers at risk of a heart attack with instant access to a one-off dose of emergency aspirin.

The green scratch resistant case can hold two aspirin tablets (not supplied) and can be fastened onto, or act as, a key ring. It can also be hung from a belt loop, handbag or rucksack by using the metal belt clip supplied.

Peter Elwood, honorary professor at Cardiff University department of primary care and public health, comments: "Patients known to be at risk of a heart attack, including all persons over about 50 years of age, would be well advised to carry a few tablets of soluble aspirin at all times, and chew and swallow a tablet immediately if they experience severe chest pain, even as they are phoning 999."

Price: £5.99

DE Pharmaceuticals
Tel: 0800 072 0626

Retail talk

Do you feel optimistic about your retail sales in 2010?

Yes 18%

No 82%

Off the shelf view:

It's not a very rosy picture for the year ahead, as most voters take a pessimistic view of the outlook for pharmacy retail sales.

This week's question:

Did the 'big freeze' affect your product sales?

Vote at www.chemistanddruggist.co.uk/prodnews

Dendron launches Freederm wash

Dendron is introducing a new face wash for sensitive skin into UK pharmacies.

Freederm Sensitive Facial Wash is a gentle foaming wash for sensitive skin that is prone to spots.

Developed and marketed by Diomed Developments, the product is formulated to penetrate the pores to thoroughly cleanse the skin and help control excess oil.

It is suitable for daily use.

The Freederm range also includes

Exfoliating Facial Wash, Facial Cleanser, Zone Balancing Moisturiser and Treatment Gel to help get rid of inflamed red spots and help stop new ones forming.

Price and Pip code: £5.99/150ml, 350-1699

Dendron

Tel: 01923 229251



Market focus

• The total medicated skincare category is worth £85 million and Freederm accounts for 4 per cent of the market (IRI Infoscan value sales all outlets, MAT August 2009)

• Freederm Treatment Gel is the best-selling pharmacy OTC spot treatment (IRI Infoscan value share chemists, including Boots and Superdrug, MAT August 2009)

Promensil is new name for Novogen Redclover

Novogen Redclover has been renamed Promensil. The name change is designed to bring the menopause product into line with Novogen's global business and to clearly differentiate the product from generic red clover products.

The product's formulation, which contains red clover isoflavones, remains



unchanged and the packaging will continue to feature the red clover flower.

In addition, Promensil is available in a new double strength format containing twice the level of isoflavones (80mg).

Novogen is

supporting the brand with a £500,000 campaign over the next nine months, targeting GPs, nurses and hospital specialists as well as consumers and retailers. In-store activities are planned and point of sale material will be available.

Price and Pip code: Promensil £19.99/30, 254-6414; £41.99/90, 280-5380; Promensil Double Strength £24.99/30, 348-9291
Novogen
Tel: 01753 833321

Disney appeal for NUK babies

The NUK baby feeding range has been awarded the licence for Disney's Mickey and Minnie characters and a new range of Disney baby products will be launched in February.

The Disney Collection will feature the NUK First Choice feeding bottle and learner bottle with Mickey and Minnie as they appeared more than 80 years ago in a red,

white and black design.

It will also include Mickey orthodontic soothers in size 1 (0-6 months) and size 2 (6-18 months).

The range is BPA free, in line with the rest of the NUK baby care range.

Price: £5.99/300ml bottle, £5.79/learner bottle, £3.90/soothers
MAPA Spontex
Tel: 01905 450300

Vichy offers corrective stick

Cosmetique Active is adding an ultra corrective foundation cream stick to its Vichy Dermablend range.

Dermablend Cosmetique Corrective is designed to correct moderate to severe complexion flaws including age/sun spots, pregnancy mask, rosacea, marked dark circles, acne, vitiligo, angioma and post-operative lesions.

It is formulated to provide double

the coverage of a classical foundation without a mask effect. The manufacturer says it is resistant to perspiration, bathing and rubbing. The hypoallergenic SPF30 stick comes in seven shades.

Price: £11.26/12g
Pip codes: see www.cddata.co.uk
Cosmetique Active UK
Tel: 020 8762 4030

Natural Being skincare in UK

A natural skincare line from New Zealand is being launched in the UK.

Natural Being is a range of nine skincare products based on New Zealand's Manuka honey and Manuka oil.

The range comprises cleanser, day cream and night cream for oily to normal skin or normal to dry skin. It also includes toning gel, eye cream and body cream for all skin types.

Manuka honey is claimed to revitalise skin by stimulating cell renewal and to maintain moisture levels without feeling greasy. The oil is chosen for its antibacterial, anti-fungal and anti-inflammatory properties.

Price: From £4.99/100ml cleanser to £8.50/50ml night cream
Nature's Infinite Balance
Tel: 0845 250 8460

Iced comfort for morning sickness

Naturally flavoured ice pops designed to help alleviate the symptoms of morning sickness will be launched into independent pharmacies on January 26.

Lillipops Iced Soothers were developed by a mother to ease her nausea when she was pregnant with her third baby.

Lillipops says the product has also



been used to help alleviate nausea and an inability to keep down fluids caused by various medical conditions including chemotherapy, diabetes, stomach upset and as a

post-operative comfort.

The ice pops come in five flavours: grapefruit & tangerine, lemon & mint, camomile & orange, lime & vanilla and ginger.

Available in an assorted multipack of all five favours, they contain no artificial colours or sweeteners. Customers should keep them in the freezer.

Price and Pip code: £6.95/20, 352-7330

Lillipops

Tel: 01923 804182

www.lillipops.com

P&G reveals Oral-B Pro-Expert range

Procter & Gamble is consolidating its Oral-B CrossAction Complete and Pulsar manual toothbrushes under a new range on February 1.

The Oral-B Pro-Expert range will feature four CrossAction brushes – Professional, GumCare, Superior Clean and Enamel Protection – that are designed with crisscross bristles in opposing directions to

lift and sweep away plaque.

The range will include two Pulsar brushes – Professional and GumCare – with MicroPulse bristles that pivot to penetrate deep between teeth and clean along the gum line.

New packaging is designed to make it easier for consumers to choose the right brush.

P&G says the range is designed to

communicate the end-benefits of its premium manual brushes to loyal manual toothbrush users, as well as to encourage new users into the category.

Price: CrossAction £3.99; Pulsar £5.99

Procter & Gamble

Tel: 0800 7311792

Fitvits charity link

The Fitvits children's vitamin brand which was launched on January 10 (C+D, November 21, 2009, p12) has linked up with the new UK charity KidsAid, which helps children who have suffered from traumatic events. The charity will receive 10p from every month course of Fitvits Multivitamin gummy bears and Omega 3 gummy sharks and 5p from every week's trial course purchased.

DTP (Europe)

Tel: 0115 924 8160

Correction

We gave an incorrect phone number for Tyrrell Healthcare in the ThyroScreen Professional thyroid test kit story last week (C+D, January 16, p13). The company can be contacted on 01273 494401 or emailed at thyroscreen@tyrrellhealthcare.com



From minor eye infections to acute bacterial conjunctivitis

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For your eye-catching Golden Eye POS or to find out more, contact your Dendron rep or call 01923 229251



Golden Eye Antibiotic 1% w/w Chloramphenicol Eye Ointment Marketing Authorisation held by: Martindale Pharmaceuticals Ltd., Bampton Road, Romford, RM3 8UG. **Golden Eye Antibiotic 0.5% w/v Chloramphenicol Eye Drops Marketing Authorisation held by:** Tubilux Pharma SpA, Via Costarica, 20/22 - 00040 Pomezia, Rome, Italy. **Distributed by:** Typharm Ltd., 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. **Indications:** For the topical treatment of acute bacterial conjunctivitis. **Golden Eye 0.1% w/v Eye Drops Solution and Golden Eye 0.15% w/w Eye Ointment Marketing Authorisation held by:** Typharm Limited, 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. **Indications:** For the treatment of minor eye or eyelid infections, such as conjunctivitis and blepharitis. **Legal Category:** [2] Further prescribing information is available from Typharm Ltd. at the address above.

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Relief is Golden

Krayser

Webinar or webinaren't? You decide



‘THE PLB’S PROMISE OF A
‘VIRTUAL LOCAL
PRACTICE FORUM’ FILLS
ME WITH DREAD’

At a meeting yesterday there was a pause in the conversation, and so I said: "I attended my first webinar this week!", only to be met with a bemused silence. The younger ones in the group looked up briefly from updating MyFace on their ePhones, while the older ones looked quizzically and then returned the conversation to whether Monty Panesar will get back in the England team. That's the thing with IT – it's not sexy.

Eventually someone prompted me to say more, so I went on to explain that RPSGB events now include web-based seminars, or 'webinars', as part of the new learning experience promised by the PLB and its 22 New Year resolutions. I related how you had just the same PowerPoint presentation slideshow – with audio so that you could hear the expert speaker – and the same Q&A opportunities as any other learning event, but all from the comfort of your own home.

No struggling through snow or the rush-hour traffic at the end of a long day (think of all that CO₂ saved), no standing room only if a popular topic is busy and, best of all, you're not forced to drink stewed coffee and eat the deep-fried animal entrails favoured by the more affordable training venues. Just 90 minutes in a comfy chair in front of your PC, then 10 minutes on the CPD website and "Bingo!" another CPD entry in the bag – only eight more to go.

But is this really "the future of educational events", as one enthusiastic delegate suggested? Why stop there? We could use Twitter, and instead of nine CPD entries a year we could opt for five 'Tweets' a week – each one 140 characters of condensed learning, like an InfoPOEM in txt. God forbid! After all, ask any branch secretary or CPPE tutor what people most appreciate, and it's the interaction, the contact with our peers that we crave after a day in the dispensary discussing Hollyoaks with Stacey, or hearing about Margaret's hot flushes. So while I'm not part of the 21 per cent who think the 1860s was the best decade to be a pharmacist, the PLB's promise of a 'Virtual Local Practice Forum' fills me with dread.

But then there was a slightly awkward silence as we all searched for something to say next since, as pharmacists, we're not great at small talk. I debated asking if anyone had seen Hollyoaks this week, but someone started a discussion about the latest patient pack debate. Ah yes – to snip or not to snip. Now we were on familiar ground and the conversation flowed.

Maybe that delegate was right, and webinars are the way forward because they do away with the need for conversation. Better still – come EPS and remote supervision – some of us might never have to interact with a human being again. Who said there were no advantages to new technology!

DAVID REISSNER

Casting a legal eye over 2009

What a year 2009 was! The MHRA issued guidance trying to stop exporting. The NHS Counter Fraud Service began investigating specials. The Medicines Act was amended to bring in a requirement for responsible pharmacists. The National Health Service Act was amended to introduce as from this year a new control of entry test. But the most prominent legal issues faced by pharmacists in 2009 were in the criminal courts.

First there was the Elizabeth Lee case. You will recall that after a dispensing error, Mrs Lee, a locum, pleaded guilty to a labelling offence under the Medicines Act, and an Old Bailey judge imposed a three-month prison sentence that he suspended. In the furore that followed, it was heartening to read in C+D towards the end of the year that, following the suggestion I made in my June column, the Crown Prosecution Service will publish guidelines about whether and when

to prosecute pharmacists.

Just when you might have felt it was safe to go back into the dispensary, Prestatyn Magistrates waded in. A patient brought a prescription for spironolactone to a pharmacy, but was given sertraline by mistake. The pharmacist and a dispenser were convicted of supplying the wrong medicine in breach of section 64 of the Medicines Act. The dispenser's appeal to the High Court was dismissed, and a transcript of the court's reasons finally became available in December.

The dispenser's barrister argued that the offence under section 64 could only be committed by a company that owned a pharmacy owner or a pharmacist. He drew attention to some sections of the Medicines Act that impose obligations on persons who act in the course of a business that they are carrying on. Mr Justice Elias politely described this as "a bold submission"

that involved asking the court to pretend that section 64 included words that were not there. The judge said there was "an obvious public interest in ensuring that all those whose failings have led to the [supplying] wrongly, of a product in this way, should be held accountable". The judge went on to say that the decision was not harsh and just because the pharmacist failed to carry out her obligations, the dispenser who had selected the wrong product was also guilty of an offence.

Section 85 of the Medicines Act also creates an offence, but only by a person who is acting in the course of a business carried on by him. What does section 85 deal with? Labelling. According to the law, the Prestatyn dispenser was guilty of an offence under section 64, but the High Court ruling raises the question whether Elizabeth Lee was wrongly convicted. **David Reissner is head of healthcare at Charles Russell LLP, where he is a partner**



‘THE HIGH COURT
RULING RAISES
THE QUESTION
WHETHER
ELIZABETH LEE
WAS WRONGLY
CONVICTED’

23.01.10

Features

Update: Your guide to stoma care

Part two: choosing the right appliance and dealing with lifestyle issues

Practical Approach

Complementary medicines for coughs and colds – what's the evidence?

Footcare

Help your customers navigate this complex category and grab a share of a £19m sector

How to handle your rent review

Expert tips on maximising your negotiating power

C+D Awards

Phlebotomy training gave 2009's Pharmacy Assistant of the Year Sally Ingram the edge

Jobs

With the recent bad weather in mind, where do employees stand if they can't get to work?



Flomax Relief

Benign prostatic hyperplasia (BPH) is a common condition, with around 1 in 4 men above the age of 40 experiencing some symptoms.

The alpha-blocker tamsulosin 0.4mg is the UK's most widely prescribed drug for treating BPH¹, and it is now available for you to recommend over the counter as Flomax Relief.

The prostate is a small gland located in the pelvis. It surrounds the urethra, which is the tube through which urine is voided from the bladder. If the prostate becomes enlarged, it puts pressure on the bladder and urethra. This can cause lower urinary tract symptoms (LUTS), which typically present as:

- difficulty starting urination
- a frequent need to urinate
- difficulty emptying the bladder fully.

In some men, the symptoms are mild and do not need treatment. However, if symptoms are more severe, they can restrict sporting or social activities (need to be near a toilet) and disturb sleeping patterns. BPH can be managed by:

Lifestyle advice:

- Avoid drinking large amounts of liquid – but remain hydrated
- Avoid drinks before going to bed
- Cut back on drinks containing alcohol and caffeine.

Medical treatment:

- Alpha blockers such as tamsulosin are a first choice treatment for men with smaller prostates and moderate LUTS². They work by relaxing the smooth muscle in the prostate and neck of the bladder, thereby allowing an increased maximum urinary flow rate and providing symptom relief.

Recommend Flomax Relief for men aged 45-75 with lower urinary tract symptoms caused by BPH. Proven, clinically effective and once a day...



Flomax relief MR

For more information, visit www.flomaxrelief.co.uk/hcp

References

- ¹ Department of Health Prescription Cost Analysis Data: England 2004 p214 www.dh.gov.uk
² Speakman MJ, Kirkby RS, Joyce A, Abrams P, Pocock R. Lower Urinary Tract: Guideline for the primary care management of male lower urinary tract symptoms. BJU International 2004; 93 985-990

Flomax Relief® MR. Presentation: Contains 0.4mg of tamsulosin hydrochloride in a modified release capsule. Indication: Treatment of functional symptoms of benign prostatic hyperplasia (BPH). Dosage: For men aged 45-75 years. For oral use. One capsule daily. Legal Category: P. PL Number: PL 00015/0280. Further information available from: Boehringer Ingelheim Limited, Consumer Healthcare, Ellesfield Avenue, Bracknell, Berkshire RG12 8YS.

Update

Your weekly CPD revision guide

Module 1510

Your guide to stoma care

The second of two articles is about choosing the right appliance and dealing with lifestyle issues

Need CPD resources? Check our massive clinical index

www.chemistanddruggist.co.uk/clinicalindex

60-second summary

Could you carry out an appliance use review?

This article describing stoma appliances and how to resolve problems from patients could form part of your CPD in preparation for involvement in the new advanced services, appliance customisation and appliance use review.

Which appliance?

The choice depends on the type of stoma and effluent, patient lifestyle, dexterity, stoma visibility and skin sensitivity.

Is a special diet needed?

The advice is to eat a healthy varied diet, but to maintain a high fluid intake. People with colostomies and urostomies should avoid constipation, while those with an ileostomy should avoid high fibre foods.

This article (Module 1510) can help in the following CPD competencies: G1a, G1d, C1f, C3h. See <http://tinyurl.com/68ox7b>

Julia Williams

Most people who have undergone stoma surgery adapt well, but others find their stoma is a source of great anxiety that causes significant psychological difficulties. Their physical and psychological needs can be dealt with, and their goals, capabilities and resources can be used to help them make the change from being stoma patients to individuals engaging in their normal lifestyle, and who happen to have a stoma.

Careful preparation and assessment can identify potential risks and needs so that care can be planned, and encouraging patients to lead a full and active life will often ease their adaptation.

A secure, comfortable and discreet appliance plays an important part in this rehabilitation.^{1,2} The more confident patients feel about the practicalities of stoma management, the sooner they can return to their daily activities.

A wide variety of appliances is available, but the presence of a stoma complication may restrict choice. The incidence of these complications is difficult to quantify,³ but the main causes appear to be general stoma management and stoma position,⁴ so careful siting is essential.

Most complications occur within the first 12 months following surgery.⁵ These include skin excoriation, retraction, mucoseparation, parastomal hernia, prolapse, stenosis, appliance leakage, constipation and diarrhoea.⁶ Surgical modification may be necessary and occasionally patients may have their stoma relocated.

New patients are taught to manage their stoma independently so that when they go home they will only require minimal support.⁷

Which appliance?

The nature of the effluent will determine which appliance is used – whether it is closed, drainable or tapped. A thorough assessment is important as the patient's preference and ability to manage the stoma will determine which appliance is appropriate. The following should be considered:

- the type of stoma and its position
- the effluent being passed
- the patient's lifestyle, manual dexterity and visibility of the stoma
- any skin sensitivities
- the patient's preference regarding the appliance's ease of use, appeal, comfort, reliability and availability.

There are four main categories: one-piece, two-piece, clear and opaque.

One-piece appliance

As the name suggests, the one-piece appliance incorporates the bag and adhesive base plate together. The adhesive base will have either a hydrocolloid skin barrier or a hypo-allergenic adhesive, or both. The hydrocolloid component acts as a skin protective barrier and the adhesive provides additional security.⁸

If the stoma is irregular in shape it is appropriate to use an appliance with a cut-to-fit opening. This enables a template of the stoma size to be used as a guide to make an accurate aperture. When the stoma is regular in shape, a pre-cut opening is available to fit securely around the stoma, although the correct size must be ascertained: if the aperture is too large the skin may become excoriated, but if too small the aperture may constrict the stoma and in severe cases can lead to ischaemia.⁹

One-piece appliances are considered the easiest to apply and remove, and are soft, flexible and discreet under clothing. They are suitable for patients with reduced manual dexterity or for new patients as fewer learning stages are required;² they are available in closed, drainable or tapped (urostomy) forms, and in clear or opaque options.

Two-piece appliance

The two-piece system has a base plate (flange) and appliance. The skin barrier to the base plate has properties similar to the one-piece and is available with or without the hypo-allergenic adhesive. Generally, the base plate is cut to size at each appliance change; a cutting guide may be required. It is possible to arrange for dispensing appliance contractors (DACs) to cut the base plates if a guide to the actual stoma size is supplied. Cutting devices are also available that punch out a hole in the base plate to the exact size of the stoma.

Once the base plate is in place over the stoma, the appliance is clipped or stuck onto the base plate. This enables the appliance to be renewed regularly while the base plate remains in place. Usually the base plate is renewed once or twice a week and the appliance renewed as required.

The advantage of this arrangement is that the appliance can be changed without disturbing the surrounding peristomal skin, which reduces skin irritation.¹⁰ In addition, smaller appliances can be interchanged during times when a discreet appliance is more important than capacity, eg during swimming, other sports and sexual intercourse. Two-piece appliances are available in

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closed, drainable or tapped (urostomy) forms and may be clear or opaque.

Clear and opaque appliances

Clear appliances allow the stoma and effluent to be easily observed, which is particularly important for patients whose stoma is new.

Some patients prefer to continue with a clear appliance as they can see the stoma when placing the appliance on the abdomen, which increases their confidence that the appliance is secure, but opaque appliances are used by many who prefer to disguise the effluent. Opaque appliances generally have a soft material outer cover to ensure comfort against the skin.

Some clear appliances have a split soft outer covering so that the stoma can still be easily observed while concealing the effluent.

Leakage and odour

Disposable stoma care products are made from odour-proof laminated plastic and include a filter that allows gas to escape, preventing the appliance ballooning under clothes. Many also incorporate a deodorant to prevent odour becoming a problem.

Where it arises, odour may indicate a leak, perhaps because the bag is full and should be changed. Leakage may also occur if the stoma is below skin level or retracted, and when there is not enough support to give a good seal. Products are available with a convex base that fills this gap.

Appliance disposal

Used appliances can be wrapped securely in a plastic bag and discarded as domestic waste. Delivery services supply disposable bags, but nappy sacs or old carrier bags can be used.

Ileostomy Drainable appliances should be emptied into the toilet and rinsed through. It is not necessary to clean the appliance thoroughly. The used appliance should then be wrapped securely in a plastic bag and placed in the domestic waste.

Colostomy Closed appliances should be cut at the bottom and the contents shaken down the toilet and flushed.

Stoma appliances are generally not biodegradable and cannot be flushed into the sewage system. However, a flushable appliance is now available for colostomy stomas in which waste material passes into an inner liner inside a protective pouch; after removal, the inner liner is flushed down the toilet and naturally dissolves in the sewage system.

Urostomy Tapped appliances should be emptied into the toilet and rinsed-through. The used appliance should then be wrapped securely in a plastic bag and placed in the domestic waste.

Basic stoma care

A key goal of stoma care is to maintain the integrity of the peristomal skin. Stoma care is generally best kept as simple as possible, and many ostomists self-care successfully using few or no accessories. However, problems with established stomas may become more evident in the long term, generally because ostomists frequently adapt their new lifestyle to accommodate the stoma.¹¹ Most of these problems can be managed with the use of accessories.

Modern appliances often reduce skin trauma and sensitivity, but tightening financial constraints mean that patients must be assessed to ensure they need the accessories. Assessment should include the condition of the peristomal skin and its sensitivity, the type of effluent and the patient's ability.¹² Expenditure on accessories and aids for stoma appliances in England alone is more than £1 million per annum.⁸

Some accessories and their use

The accessories available on an NHS prescription include:

- deodorants – to assist with elimination of odours
- pastes – to fill creases and dips around the stoma
- powders – to protect sore excoriated peristomal skin
- skin barriers and protective wafers – to protect the peristomal skin from effluent or contact dermatitis
- seals and washers – to fill stoma creases and dips
- night drainage – used to increase the capacity of the appliance, particularly for the urostomist
- adhesive removers
- absorbing agents – used to transform a liquid stool into a more manageable solid stool
- retention strips – provide additional security
- stoma caps – these are small minipouches for use with colostomy irrigation or short periods
- belts – additional support to increase security; 'sash' belts are used to support parastomal hernia
- abdominal supports – for parastomal hernia
- activity shields (St Mark's shields) – these are used in contact sports to protect the stoma and in the management of prolapsed stoma.

Dietary needs

Each person will need individual assessment, but the general advice should be to eat a healthy varied diet.

Following abdominal surgery it is important to re-introduce food cautiously. The time frame varies for each patient, frequently following a gradual increase in intake from the day after surgery. Colostomists should try to avoid constipation and drink about 1.5 to 2 litres daily. For an ileostomist the general advice may be:

- chew food well to reduce the risk of obstruction
 - take high fibre foods with caution
 - drink about 1.5 to 2 litres of liquids daily
 - ensure adequate salt intake (particularly if stools are loose and during hot weather)
 - some foods including carbohydrates will thicken a loose output.
- Specific advice to people with urostomies:
- drink about three litres of liquids daily
 - drink cranberry juice to reduce mucous secretions
 - take drinks high in vitamin C, which acidifies urine, reducing mineral deposits. If high doses are needed, supplements may be used
 - avoid constipation, which can contribute to

bacterial infections causing the rare purple urine bag syndrome.

Problem foods

As with the general population, ostomists may find that certain foods increase wind production, eg beans, beer and other alcohol, carbonated drinks, cabbage, cauliflower, broccoli, sprouts, eggs and chewing gum. Drinking peppermint tea or peppermint oil in hot water may help, as may eating fennel.

Other foods increase the odour of stools, eg broccoli, sprouts, eggs, fish, garlic, onions, some cheeses and some vitamins, but this should not be noticeable if the pouch is intact. Foods that may help reduce odour are parsley, cranberry juice, yogurt and buttermilk.

Red foods such as beetroot, strawberries and tomato sauce may give the appearance of bleeding.

Medicines

Special care is needed with some medications:

Constipation and diarrhoea The first step is to review the diet. If medicines are needed, patients should seek advice from the GP or stoma care nurse about which medicines are most appropriate. After that, these products can be bought OTC. Rehydration solutions and antidiarrhoeals can be used, and ileostomists should increase their salt intake during episodes of diarrhoea. For constipation, oral laxatives and suppositories may be used only by colostomists.

Indigestion Ostomists may be more susceptible to diarrhoea due to taking magnesium salts, and to constipation caused by aluminium salts.

Pain relief Opioids may cause constipation ostomists, and anti-inflammatories may cause gastric irritation and bleeding. Paracetamol is suitable for these patients, however.

Iron preparations may cause diarrhoea and sore skin.

Diuretics should be used with care in people with an ileostomy as they may become dehydrated.

Enteric-coated and modified release preparations are unsuitable for ileostomists, as there may be insufficient release of the active drug.

A table summarising common problems and their management, together with other questions about lifestyle, are in the full version of this article at www.chemistanddruggist.co.uk/update.

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Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (see p18).



NEXT WEEK

Update discusses how and when hypnotics should be used for treating insomnia

Your guide to stoma care: part 2

Reflect

What stoma appliances are available for ostomists?
What are the pros and cons of two-piece appliances?
Why should urostomists avoid constipation?

Plan

This article describes the stoma appliances and accessories available, with advice on skincare, diet, medication and other questions ostomists might ask.

- Read the full version of this article, with more about managing stoma problems, at www.chemistanddruggist.co.uk/update.
- Find out more about ostomy pouches and other appliances from the C3 Life website at <http://tinyurl.com/yj6npc>.
- Read the advice for patients on the C3 Life site about skincare and diet, at <http://tinyurl.com/yp7hsn> and at <http://tinyurl.com/yb5q6kd>.
- Find out about changing pouches, clothing and travel advice, and problems such as odour and leakage from the Colostomy Association website at <http://tinyurl.com/yzyadnw> and <http://tinyurl.com/yjl2wk3>.
- Read the BNF section 1.8 Stoma care for information about prescribing for ostomists.
- Think how you could improve the service you offer your ostomy clients, eg by offering the proposed appliance use reviews.

Act

Are you now familiar with the appliances that ostomists use? Could you give advice about the accessories and common problems with foods and medication?

Evaluate

Practical Approach

Test yourself in this everyday pharmacy scenario

Complementary remedies for colds?



It is the height of the cough and cold season at the Update Pharmacy. Pharmacist David Spencer has assigned Manu, the pre-registration trainee, to work on the medicines counter for a fortnight, with the specific brief to audit requests from customers for information on complementary medicines for prevention and treatment of upper respiratory tract infections (URTI). He will then research evidence and compile a report on their effectiveness.

"How did it go?" David asks Manu at the end of his stint.

"It was very interesting. Some

people asked what I thought of their traditional family remedies."

"Like what?" asks David.

"Cooking with extra garlic and dosing everyone with chicken soup as soon as the first person in the family shows signs of a cold. Or not drinking milk or eating cold foods to reduce the risk of catching a cold."

"And what about complementary medicines?"

"Plenty of enquiries about those too, particularly vitamin C, zinc, echinacea and garlic. They'll all be in my report, plus the evidence of effectiveness that I've found," replies Manu.

Question

What is the expert opinion on and evidence for the effectiveness of the therapies Manu mentioned?

Answer

Family remedies and practices

Whether these are effective prophylactic or therapeutic agents, or just make patients feel better, they are generally safe and support cultural identity and self-efficacy. Patients should not be dissuaded from them by healthcare providers.¹

5 minute test
What have you learned?

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Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online.

Vitamin C A Cochrane systematic review concluded prophylactic vitamin C supplementation is not effective in reducing the incidence of URTI in most adults, but in a subgroup of healthy adults engaged in highly physically stressful activities (marathon runners, skiers, and soldiers on subarctic exercises), taking vitamin C reduced incidence by 50 per cent. Prophylactic vitamin C supplementation also reduced duration of URTI symptoms by a small but consistent amount (adults, 8 per cent; children, 14 per cent). But taking vitamin C after symptoms had begun produced no overall benefit on their severity or duration.²

Zinc Results of studies of the effectiveness of zinc supplements in preventing or treating URTIs have been mixed. But overall, zinc supplementation in healthy, well nourished populations does not appear to reduce the risk. Data on the effectiveness of lozenges in reducing the duration and severity of established URTIs have been mixed.³

Echinacea Research generally supports the use of high quality Echinacea purpurea products by adults to prevent or treat URTI. A

2007 meta-analysis of 14 controlled trials in adults concluded that E purpurea taken prophylactically decreased the odds of the common cold developing by 58 per cent and decreased the duration of a cold by 1.4 days.⁴

Garlic A Cochrane review reported one high-quality trial that found that a daily garlic supplement (180mg allicin content) for 12 weeks significantly reduced the incidence of the common cold. But there is no information from randomised controlled trials about whether taking garlic at the time of a cold reduces either symptom severity or the number of days' illness.⁵

References are at www.chemistanddruggist.co.uk/practicalapproach.

This article can help with these CPD competencies: G1a, G1c, G1d, G2o, C1f.

See <http://tinyurl.com/68ox7b>

To see the full archive of Practical Approach articles go to www.chemistanddruggist.co.uk/practicalapproach

**£19m****Total footcare market value****12%****Decline in footcare market****78%****Pharmacy's value share of the footcare market****£2m****Decline in pharmacy's value share of footcare market**

Source: IRI value sales 52 weeks to November 28, 2009

Market Insight

Unlike the winter remedies category, which benefits from a strong winter season, footcare tends to flourish in the summer. A relatively poor summer in 2009 has meant that footcare is down by 3 per cent in the latest year.

The nailcare subcategory is showing the strongest decline, with other more cosmetic footcare subcategories such as foot skincare also showing double digit declines.

Some of the more functional foot subcategories, which are less summer dependent, are still reflecting growth – with blisters and orthotics reflecting the best performance. Verucca treatments and corn/callous/bunion treatments are, however, also down. This could be attributed to people being less likely to treat minor ailments during hard pressed times.

Although chemists enjoyed growth ahead of major grocery multiples in 2008, major grocery multiples have enjoyed a stronger performance into the latest year. This is most likely attributed to the impact of the recession, where grocery multiples have been better off.

Pharmacy V Grocery: market changes 2008-09

Total market value
£19,034,070 down **11.6%**

Pharmacy
£14,844,330 down **12.6%**

Major grocery multiples
£3,775,185 down **7.3%**

Best-selling footcare brands

1. Scholl
2. Flexitol
3. CCS
4. Neutrogena
5. Compeed
6. J Pickles
7. Vaseline Intensive Rescue
8. Efasit
9. E45
10. Garnier Skin Naturals

Source: IRI value sales 52 weeks to November 28, 2009.
Analysis for C+D provided by Information Resources (IRI)



CATEGORY FOCUS

Footcare

The footcare market is complicated, but pharmacists can help customers navigate the category and maximise sales as a result, find **Jennifer Richardson and Zoe Smeaton**

Footcare is a complex and cluttered market," notes Jane Draude, spokesperson for leading pharmacy brand Care, and this is certainly reflected in the mixed messages coming from the available data on the category. Market value and growth figures for footcare vary widely, depending on the source and the subcategories included in the numbers.

A Market Insight for C+D by data analyst IRI (above right) puts footcare at £19 million and declining markedly, by almost 12 per cent. However, footcare brands are more likely to quote around £120m and continued low growth of around 3 per cent. The latter probably reflects a

wider range of treatment subcategories included alongside foot skincare, which footcare brand CCS puts at the £19m mark.

But what everyone does agree on is that pharmacies are the first port of call for sufferers of foot complaints and they can capitalise on this by improving their product and service offering in this category.

Lloydspharmacy pharmacist Nitin Makadia agrees that footcare is an "important" category for the multiple and says it doesn't appear to have been affected by the economic climate. She suggests that athlete's foot, corn, callous, bunion and verucca treatments make up nearly half of

footcare sales. Care's Ms Draude and Carnation Footcare sales manager Peter Simpson add heelcare and insoles (both fashion and orthopaedic) to those subcategories making up the biggest share of the footcare market. Mr Simpson notes: "Corns and callous treatments are very buoyant, showing healthy sales growth."

Target audience

Three-quarters of people get foot pain at some point, according to Care product manager Leanne Doughty, which is less than surprising when she adds that the average person takes between 8,000 and 10,000 steps a day – equivalent to ►►

Five footcare sales tips



Ask questions about customers' general footcare regime and any other complaints to establish how they might benefit from a range of products
PETER SIMPSON, SALES MANAGER, CARNATION FOOTCARE



Nominate a staff member as a footcare champion – and advertise their availability for a consultation instore
JANE DRAUDE, BRAND SPOKESPERSON, CARE ADVANCED GEL FOOTCARE



Encourage use of foot skincare as preventative measures to maximise sales, as other subcategories are more problem-solution driven
LAURA BRIGGS, MARKETING MANAGER, CCS



Place footcare adjacent to first aid, to link blister product sales, and Scholl footwear range if carried
HELEN LARYEA, RETAIL CONSULTANT, ALPHEGA, ALLIANCE HEALTHCARE



Organise footcare range into subcategories, such as corn and callous, ball of foot
LEWIS FREEMAN, MANAGING DIRECTOR, PROFOOT

walking around the world four times during their lifetime.

Despite this wide market for footcare products, Ms Doughty recommends focusing on the needs of older customers. "There is a high demand for advanced, quality footcare for the 50-plus age group," she says, "and painful feet should not be accepted by customers as just a natural part of getting older."

She adds that women are four times more likely to get foot problems than men, in part due to high heel wearing. Mr Simpson agrees: "The current popularity of extremely high shoes means that podiatrists are seeing a soaring rise in conditions associated with poorly fitting footwear."

"Corns, bunions and blisters – all caused by adverse pressure to different areas of the foot – are becoming increasingly common. Because of this, recommending products that prevent pain and damage to the feet is becoming more and more relevant in the pharmacy setting."

Seasonal sales

High heels are a driver for a seasonal trend for footcare during the Christmas party season, says Alliance Healthcare's Alphega retail support team. "Pharmacies should carry a good supply of blister plasters and ranges such as Scholl Party Feet in

readiness, especially if their store is on a busy high street," advises Alphega retail consultant Helen Laryea.

The other major footcare season is summer, says Profoot managing director Lewis Freeman, so make sure the category is well-stocked and placed in a prime position for this peak season. This is particularly important if your pharmacy is in a tourist hotspot with large numbers of hikers, says the Alphega retail support team. Pharmacists should ensure the footcare section is visible from the door and close to the checkouts, advises Ms Laryea. Athlete's foot treatment is in particularly increased demand during the summer, adds Avicenna retail director Zul Mamon.

Diabetes link

Mr Mamon recommends pharmacists take time to ask customers making footcare purchases a range of questions to identify the correct products and any related conditions. He highlights diabetics as a particular group to look out for: "People with diabetes have an increased risk of infection especially in their feet due to poor circulation, which can cause healing to be delayed and even minor cuts and sores can become infected. This can lead to complications if not dealt with correctly."

Brand Watch: Care Advanced Gel Footcare

Care claims to be the best-selling OTC brand in pharmacy, with one Care product sold "every second of the pharmacy working day". And after launching an eight-strong range of footcare products a year ago, it says they have been "a runaway success".

The Care Advanced Gel Footcare range was developed to relieve discomfort in different areas of the foot, including corn protectors, toe separators, a bunion guard and metatarsal pads. The brand describes the gels as "slim-line", to fit comfortably in most shoes, with "a unique combination of minerals and vitamin E" to moisturise and reduce friction and skin irritation.

On the first anniversary of the Advanced Gels, Care has developed a free merchandiser for the range. It is also supported by pharmacy training materials, including foot ailment diagnosis cards, and has been recommended in the health pages of Woman's Own magazine.



Case studies



BOOTS HOLLOWAY ROAD
ANGELA CHALMERS

Boots pharmacist Angela Chalmers, who manages the multiple's busy Holloway Road branch in London, shares her experience of some of the footcare problems she sees most often:

Fungal nail infection

Year on year there tends to be much more awareness around fungal nail infection; sound pharmacist advice on the importance of the health and care of nails is important. Pharmacists should be able to provide guidance on the prevention of such infections, how to keep your nails healthy and – for customers with an infection – identify the symptoms to diagnose a fungal nail infection, and then ascertain whether it is treatable at home or if a doctor should be consulted.

Verrucas

We will always be a point of advice and support on the treatment of verrucas and there are now more treatment options available, with the home freezing options becoming increasingly popular.

Orthotics

Orthotics are becoming increasingly important for people with chronic back pain, knee problems and fallen arches, and they now come in a wide variety to suit the needs of every customer.

When a customer comes for advice on chronic back pain it is important to establish whether the pain could be stemming from their feet; as a pharmacist it is important to talk through all possibilities, especially as orthotics could provide some respite without the need for medication. I would recommend pharmacists merchandise orthotic products next to back pain rubs; the packaging often clearly states that they are ideal to help those suffering with chronic back pain, knee pain and so on. I would also take the opportunity to discuss alternatives when a customer is purchasing products such as heat patches, diclofenac and pain relief medications.

Chilblains

At this time of year we see more customers complaining of chilblains; as such, the pharmacy team needs to be equipped for helping and supporting customers. If they have poor circulation, this can result in painful chilblains on both the feet and hands – so provide information on the importance of warming up gradually when coming in from the cold.

Product Watch

I also advise customers to regularly moisturise the areas that are painful with a product such as aqueous cream, explaining that they should massage the cream into the affected area, which will help increase blood flow to the affected area and stop the skin from forming lots of dry hard layers that can add to the pain.

Cracked heels

Cracked heel products continue to be of huge interest to customers. With increased awareness from diabetics on the importance of caring for their feet, perhaps as pharmacists we could take the opportunity to assist – such as by placing cracked heel treatments next to the dedicated diabetic products, along with information leaflets further explaining the importance that they take care of their feet.



RICHMOND PHARMACY
RAJ ROHILLA

Raj Rohilla set up a one-stop-shop for feet in Richmond Pharmacy, Surrey, offering customers everything from footwear options to a podiatry clinic. Here, Mr Rohilla shares his tips on boosting your footcare business:

Don't put footcare at the front of the shop

A lot of pharmacies I go into have footcare at the front of the shop because it's really only a token gesture and can fit well on the end of an aisle. But it doesn't look that nice and these purchases aren't really impulse buys so do it properly in the pharmacy and people will find it.

Put popular products at the till

About two years ago I noticed that high street fashion stores place Scholl's Party Feet by the till – we've done the same and it really works around Christmas time.

Know your stuff

People often want advice and reassurance about footcare so the supermarkets can't really compete with us on it. Make sure you can offer patients advice on the category and display it well – you can get great looking units now.

Consider offering footwear

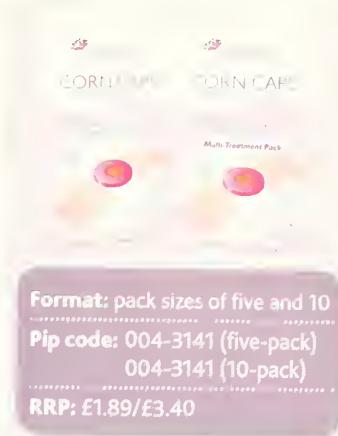
On the continent pharmacies often stock footwear products and our patients have been comfortable with it. Plus women will always stop to look at shoes!

Seasonally change the products you display most prominently

Around Christmas time products for high heels are really popular, and in the summertime everyone starts to think about looking after their feet again.

Make it your niche

Year on year our growth has just continued. If you can make this your niche and build up a patient base for it then it will grow.



Carnation Corn Caps

Manufacturer: Carnation Footcare

Classification: GSL

For: hard corn relief and removal

Active ingredients: salicylic acid 40 per cent w/w

USP: contains a unique salicylic acid paste (keratolytic) that penetrates and helps remove hard corns while the red felt ring removes pressure. Clinically proven to remove corns in 10 days

Contraindications: children under 15 years old and people with circulatory disorders should seek professional medical advice before use. Contains peanut oil

Tel: 0121 544 7117

Email: sales@cuxsongerrard.co.uk

www.carnationfootcare.co.uk



CCS Heel Balm

Manufacturer: DeWitt (UK distributor: Lornamead)

Classification: GSL

For: cracked heels

Active ingredients: urea 25 per cent

USP: a purely synthetic version of urea to ensure a high level of reproducibility and purity. Works in seven days to repair severe rough, dry skin and cracked heels

Contraindications: none

Tel: 01276 674000

Email: consumer.relations@lornamead.co.uk

www.ccsfootcare.co.uk



SoftGel Corn Wraps

Manufacturer: Profoot UK

Classification: GSL

For: corn relief (also aids removal)

Active ingredients: cutting edge polymer gel technology, softens corn and surrounding areas with mineral oil

USP: slim, low profile fits in any shoe. Washable and reusable

Contraindications: anyone with diabetes or poor circulation should consult a medical professional before using

Tel: 020 8492 1600

Email: info@profoot.co.uk

www.profoot.co.uk

Brand Watch: Carnation Footcare

After more than 100 years of providing footcare products and advice, Carnation Footcare describes itself as "the UK's heritage footcare brand".

Despite the decline in the overall footcare market over the past year, sales manager Peter Simpson claims the brand has maintained "satisfactory growth". He highlights treatments and protective foot products including Toe Nail Softening Lotion, Verruca and Wart Remover Cryospray and Powerstep orthotic insoles as particular drivers of growth.

He puts the brand's continued success in the downturn down to a combination of new

product development and continued support for established "customer favourites".

Its most recent launch was last year's Toe Nail Softening Lotion, an OTC treatment developed in response to customers' problems and pain from hardened toenails. The brand's current focus is its Powerstep orthotics line, with a new website (www.powerstep.co.uk) that encourages purchases from pharmacy.

Carnation values independent pharmacy as its main line of distribution and last year had a marketing budget of £1 million targeted at national newspapers and high-circulation magazines to drive footfall.

Retailers including Lloydspharmacy have accused landlords of using 'archaic' principles in rental contracts.

Property law expert

Philippa Aldrich

explains your rights and responsibilities when yours comes up for review

Rent is usually one of the biggest costs for any business, and for a number of years landlords have had the upper hand as commercial rents have risen ever higher. Despite today's recessionary market you, as a tenant, may still be hit with a request from your landlord for a significant rent increase. Even though most commercial leases contain a mechanism for the rent to be reviewed at regular intervals, usually three or five years, there are things you can do – especially as the balance of power between tenant and landlord is now shifting. Alert tenants may find that now could be a good time to negotiate a better deal.

Your negotiating strength

Your negotiating strength will depend on two factors: your own financial position, and the demand for the property in which you are operating. In some areas, demand for property is still high so there may be fewer good deals to be had. In other areas, however, landlords may be prepared to negotiate.

Clearly, the stronger your own business the

How to handle your rent review



stronger your bargaining position is likely to be; landlords will want to keep good tenants in this uncertain economic climate. However, even if your business is suffering from the downturn, landlords may be willing to consider revised terms in order to maintain an income stream.

Types of rent review

First, you should have a look at the lease to identify the type of rent review being invoked. There are several different types of rent review.

Some leases include clauses that provide for set increases in rent. The lease might, for example, provide that the annual rent will be £10,000, increasing to £20,000 after three years. It is unlikely in this case that you will be able to oppose an increase in year three as you have effectively agreed to it in advance.

Alternatively, the lease may contain an escalation type of rent review where an index, such as the retail price index, is used as a basis for calculating the rent rise. Again, provided the right index has been used and the maths is correct, there will be little opportunity for you to object to an increase in rent.

Other rents, particularly in the retail sector, are linked to turnover whereby the landlord will take a set percentage of the income. The parties might also agree a sliding scale of percentages, for example charging a different percentage for the first year of the lease, to reflect the time you spend getting the business up and running. Again, while it is worth checking the landlord's calculations, it is difficult for you to object to the

percentage increasing in the second year.

Rent review clauses should not be read in isolation, as other clauses in the lease can also be relevant. It is fairly common to see lease clauses to the effect that the premises are to be used only for a specified purpose, such as for retail, or for any other purpose to which the landlord gives its written consent. However, you should note that if the landlord consents to a wider use or a different one, this may affect the valuation for rent review purposes. Generally, the more uses to which a property may be put, the higher the rental value.

Upwards only rent reviews

Open market rent reviews are upwards only, that is, the rent can stay the same or be increased but it cannot go down. These are the most common type of rent review. Upwards only rent reviews (UORRs) are a major source of controversy in today's property market. In a falling market, you may end up paying rent that no longer reflects the market value of the property and, depending on the date of the rent review, be paying the higher rent for a number of years.

Rent review procedure

Having established what sort of rent review is being implemented, the next step is to work out what procedure needs to be followed.

Some leases have long, detailed requirements, such as obligations to serve notices triggering the review and counter-notices in response from the other party. Both sorts of notice may be subject

Types of rent review

Set increase

Rise in rent over a set number of years specified at start of contracts.

Escalation

Index such as retail price index inflation used as a basis for rent rise calculation – index to be used specified at start of contract.

Turnover-linked

Landlord takes set percentage of income, possibly on a sliding scale over a set number of years.

Upwards only rent reviews

Otherwise known as open market rent reviews, the rent can stay the same or be increased, but cannot go down whatever scale it is measured against.

to strict time limits. The content, or even the precise form, of notices may be prescribed in the lease. Complicated procedures such as these can be problematical, not least because mistakes can be expensive. At worst, if you fail to deliver a counter-notice in the right way you may lose your right to challenge the revised rent proposed by the landlord, however high.

Sometimes a landlord failing properly to serve a trigger notice may lose their right to review the rent – but although it is worth checking the lease, this is rare.

When disputes arise

What happens if you cannot agree terms with the landlord?

The rent review provisions will normally state that, if no agreement is reached, the parties may refer the dispute to a third party for resolution, who will act as either an expert or an arbitrator. An expert is usually a surveyor and is appointed as an expert in property and possibly even in local property in particular. An arbitrator is bound by the Arbitration Act and is more like a judge, assessing the merits of arguments and evidence put to him by each side.

In each case, comparable rent reviews of similar properties will be considered in order to ascertain market value. Rent reviews are therefore essentially backward looking, which means that where rents are likely to fall in the future, landlords will be keen to expedite the agreement of rent reviews so that they can use as comparables rents agreed before the rental

market began to dip. Equally, it may pay you to wait.

Once the new rent has been agreed, it will generally be backdated to the date of the review and you will need to pay the landlord the arrears together with interest.

Your opportunities

Rent reviews, while mechanical in nature, can be used as opportunities to renegotiate with the landlord, particularly where you have the benefit of a right to break the lease. In a falling property market where the landlord is keen to keep you, the threat to break the lease might persuade the landlord to agree a lower rent.

If there is no break clause but the proposed rent will make continuing with the business difficult, a landlord may be prepared to negotiate to avoid being left with an empty building.

However, landlords are always concerned with headline rates – they can use these as comparables to agree rent reviews on other of their properties and they are also key measures for valuing the property for investment purposes. So sometimes landlords, while insisting on a full market rent, may give you other concessions such as a rent holiday.

So if you receive a landlord's rental proposal, you should not panic but nor should you delay. It is essential to first work out the nature of the rent review and then if necessary seek expert advice.

Philippa Aldrich is a former partner in the Real Estate Group, Shadbolt & Co

Top tips for your rent review

1. If you receive a landlord's rental proposal, don't panic – but don't delay.
2. Consider your relative negotiating power: your financial position versus demand for the property.
3. Work out what type of rent review is included in your contract.
4. Make sure you understand your obligations in the rent review process, and that you comply with all time limits.
5. If you and the landlord cannot reach an agreement, consider referring your dispute to a third party.
6. If you have a contractual right to break the lease, consider whether this threat may persuade your landlord to consider lower rent (see 2).
7. Take into account other possible concessions from your landlord, such as a rent holiday, in lieu of a rent reduction.

Coming up in part 2: how to get out of your lease



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Happy to be of assistance

Becoming Lloydspharmacy's only trained phlebotomist gave Sally Ingram a winning ticket. She tells **Matthew Valentine** about her success

Sally Ingram says she sometimes can't believe how quickly community pharmacy is changing. And she says that the pace of change means career opportunities for counter assistants.

She should know. As well as being the only trained phlebotomist within Lloydspharmacy, Ms Ingram is currently training to be a pharmacy technician. "It means a lot of doors open," she says of the changing nature of the pharmacy sector. "Your job can grow. There's more to do for community pharmacies than there ever was before."

She has seen considerable change to the industry and to Lloydspharmacy, which has been through a period of growth in the 10 years she has worked for the company: "It was a far smaller company when I joined."

"I'm very lucky. I really like my job. There are always loads of things to do, and I also feel like I'm in control of what I'm doing"

Organisation is essential to keeping all the various services in a modern pharmacy running smoothly, and this is one of the areas that Ms Ingram excels in. She has put this skill to good use, transforming her branch into the company's quality benchmark – a "centre of excellence" – including achieving a 30 per cent increase in dispensing volume and a 13 per cent rise in OTC sales.

As a result, she tends to spend one day a week travelling around other local branches of Lloydspharmacy within the same management cluster of stores, to help spread best practice. "But I get quite a few phone calls every day. It's interesting, I like going around other shops and seeing how things are done there," Ms Ingram says. "I'm very lucky. I really like my job. There are always loads of things to do, and I also feel like I'm in control of what I'm doing."

Being happy doesn't mean an end to trying new things, part of the reason she was chosen as C+D's Pharmacy Assistant of the Year 2009. "I've just put forward an idea," says Ms Ingram. "Each week, everybody is supposed to have a minimum of 15 minutes of training. If we had specific tasks it could be used more effectively," she says.

Her proposal would mean that the company's daily newsletter would feature a training task for counter staff: "For example, it could suggest we all spend 15 minutes learning about the Tens machine."



Name

Sally Ingram (pictured above left)

Company

Lloydspharmacy, Earlsdon, Coventry

Award won

C+D Pharmacy Assistant of the Year 2009

Award entry

Transforming her branch and becoming the company's only trained phlebotomist

Best part of winning

Ms Ingram's son went to Lloydspharmacy head office for a week-long sixth form work experience placement. He was introduced to everybody as the son of his award-winning mum

Entry for the **2010 C+D Pharmacy Assistant of the Year Award** category, sponsored by P&G Pharmacy Care, is now open. Go to **www.chemistanddruggist.co.uk/awards** for full entry details, hints and tips, to download an entry form or enter online.



How Sally won the C+D Pharmacy Assistant of the Year Award 2009

What challenges did you overcome to win the award?

"The phlebotomy service is complicated, it can be quite difficult," says Sally Ingram. The service, part of a local PCT pilot, is almost a victim of its own success, as more than 100 appointments are kept each week. It runs Monday to Friday, from 9am until noon. "We are fully booked weeks ahead. People don't want to go and wait for three hours at the hospital for a blood test when they can just book an appointment here. We could do it all

day, every day, and still be fully booked."

Keeping the booking system organised and managing appointments carefully to avoid a backlog in the pharmacy is essential. "If we are doing 13 or 14 blood tests every morning, that's an extra 13 or 14 people coming up to the desk to say they are here, plus 10 to 15 people coming to ask if we can squeeze them in," says Mrs Ingram.

Appointments are staggered to avoid queues. "At the end of the day it is a pharmacy first," says Mrs Ingram. "We're lucky in that we've got

a big shop. Smaller shops would find it difficult. We are quite organised here so we manage it. I'm looking to extend the hours because of the amount of people we have to turn away."

How did you come to enter the C+D Awards?

"My area manager nominated me. He phoned up to suggest that I enter, then we filled out the form. Head office were really good, they dealt with everything. I just turned up for the evening," says Ms Ingram of the support she received within the company.



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Your questions answered

The schools are closed because of bad weather. Can I take time off to look after my children?

Employment lawyer Gareth Edwards (pictured) responds:

Where schools are closed, affected employees may be entitled to time off work for dependents. But this right goes further than covering just children. An employee is legally entitled to take a "reasonable" amount of time off work to deal with emergencies involving any dependent.



A dependent is an employee's spouse, civil partner, children, parents, anyone who lives in the same household (excluding tenants and lodgers) as the employee, and those who reasonably depend on the employee to make arrangements for the provision of their care.

An employee is only entitled to time off for dependents in certain situations, two of which may be applicable in snowy or other bad weather:

- because of the unexpected disruption or termination of arrangements for the care of a dependent
- to deal with an incident that involves a child of the employee and that occurs unexpectedly in a period during school hours.

There is no set answer as to when a situation will be an emergency. Recently, tribunals have made clear that one factor that is particularly relevant to the question of whether or not an employee is entitled to time off for a dependent is the amount of time between an employee knowing that there is a risk of disruption and the risk becoming fact.

This right exists regardless of length of service and whether or not they are employed on a full or part-time basis. The self-employed are excluded from the right to time off for dependents.

Work and weather

What happens if you can't get to work because of snow or flooding? Employment lawyer **Gareth Edwards** explains your rights

Over the past month, visitors from the Antarctic may have felt quite at home in the UK, as some of the worst winter weather for decades hit the country. And it was all too familiar, as it was only in February last year that we got our heaviest snowfall for 18 years. In both these instances, thousands were unable to travel to work and hundreds of schools and businesses were shut.

Snow isn't the only weather phenomenon that businesses battle. Consider November, when Cumbria was devastated by a once-in-a-thousand-year storm that drenched the area. And in June 2007, severe flooding in south west England, the Midlands, Yorkshire and Humberside killed 13 people and left 48,000 homes and 7,000 businesses deluged with water.

So, with official weather warnings remaining in place across the country – including for more snow as C+D went to press – what should happen if employees are unable to come to work because of adverse weather conditions?

If I can't get to work, will I have to take annual leave or lose pay?

The starting point is that employees are only entitled to be paid for the work that they do. If employees are unable to get to work, or cannot carry out their work, an employer does not have an obligation to pay.

Employers should consider the employee's contract of employment and any workplace policies that apply. Some employers will already have bad weather policies in place so that those who are unable to work because of snow or the like know whether they will still be entitled to pay. Employers who do not have a bad weather policy should consider introducing one, so that employers and employees know their rights.

Any widespread disruption and



Travelling may be treacherous but your employer may expect you to be in work

warnings not to travel unless necessary may make it very hard for an employee to travel to work. Some discretion may need to be exercised by the employer even when a policy is clear.

Surely some people just use bad weather as an excuse not to come to work?

One of the most effective ways that employers have found in reducing this problem is to tell employees that any further days off work will be deducted from annual leave, or taken as unpaid leave. This may be draconian where the weather causes widespread disruption, but it is likely to help those 'on the fence' where there is some bad weather, but it is not reported as causing disruption.

Can I work from home to avoid travelling in poor conditions?

Employers should consider allowing employees to work from home. Employers need to look at: the contract of employment and any internal policies; the type of work employees carry out; and the

facilities needed to enable them to work from home. In weather conditions such as we have seen recently, and those in February 2009, employers may be considered by a tribunal to be unreasonable if they refuse to allow an employee to work from home where it is possible for the employee to do so.

Allowing employees to work from home on occasions where there is widespread disruption together with advice to avoid travelling can help employers avoid any potential health and safety issues. Employers have a duty of care towards their employees and it is not necessarily in an employer's best interests to place employees under pressure to travel to work where the advice from authorities is to avoid travelling.

Can employers tell employees not to come to work and subsequently penalise them?

Although there is no concrete answer, such an approach is not likely to be well received. When the snow in February 2009 first hit, members of the Transport Salaried Staffs Association, who work on the London Underground, were told not to go to work because the buses and most of the tubes were not operating. The employees have since been told that the time away from work must be taken as unpaid leave, or deducted from annual leave.

Are employers under a duty to pay expenses to employees resulting from the bad weather?

There is no duty on employers to pay expenses to employees that occur as a result of the bad weather, such as overnight accommodation if an employee becomes stranded on their way to or from work, unless the contract stipulates otherwise.

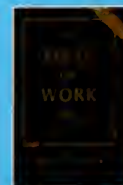
Gareth Edwards is a partner in the employment team at Veale Wasbrough Lawyers

Career tip of the week

"Asking questions invariably takes the heat out of potentially explosive situations. It gets people to switch their attention from the main argument to a detail"

From the Rules of Work, by Richard Templar

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Postscript...

The great book giveaway



C+D is moving offices next month, and Postscript has too many books, manuals, guides, digests and hulking tomes for its new cubby hole. So we're giving away everything we're not taking with us.

Highlights of the manuals on offer include a copy of Martindale, guides to just about every specialist area you could think of, and a complete 1980 British Pharmacopeia (with all the addenda).

But we're not just handing them out for free – where's the fun in that? To kick off the great C+D book giveaway, we are offering a copy of Martindale 33, and we want you to send us a picture of you in your pharmacy. It doesn't matter if it's a photo or a doodle using Paint, the best picture, as judged by Postscript, will get the book. Email your entries to postscript@cmpmedica.com.

Lies, damn lies and statistics

Have you ever wondered how many people in your pharmacy will live to 100, have raised cholesterol or have an STI? Thanks to a new gizmo on the internet, you can now work it out.

The Chances Are... calculator, developed by Lloydspharmacy, lets you tailor national statistics to your pharmacy staff, estimating the prevalence of everything from STIs to the number of colleagues who have had romantic flings with each other.

Postscript couldn't resist trying the calculator out on the C+D office. Apparently 10 of us have herpes, four of us are obese, 10 of us have trouble sleeping and one of us is sleeping with the boss.

Postscript doubts that's accurate, but to try the calculator for yourself, go to www.lloydspharmacy.co.uk/chancesare.



C+D Reader of the week

Meet scuba-diving Phil Bullen of Wellness Pharmacy, Cardiff, and find out what he discovered off the coast of Cornwall.

Why did you become a pharmacist?

I enjoyed science, and interactions between people.

If you weren't a pharmacist, what would you be? I'd run my own diving school in the Caribbean.

What's the most interesting thing you've done? I was involved in Channel 4's Wreck Detectives. I trained the presenter and safety team in Trimix scuba diving, and was part of the team. We identified a first world war submarine off the coast of Padstow.

Weirdest request you've ever had? Someone who asked for anaesthetics for fish. I thought: why would you want to anaesthetise a fish?

What service would you like to see nationally? Personally it would be an anti-obesity service, as I'm interested in fitness.

What should we ask the next interviewee? Where is the future of retail pharmacy going?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@cmpmedica.com to take part



The Victorian Pharmacist

"They enter this vocation through apprenticeship, with the idea that the life of a druggist is a light, genteel business, free from arduous labour"

Sir,

I write to protest against the greatest evil of our profession, one which, if removed, would be a great boon to all. I refer of course to the necessity of remaining open on a Sunday.

Druggists are persons of education, intelligence and respectability. They enter this vocation through apprenticeship, with the idea that the life of a druggist is a light, genteel business, free from arduous labour.

It is monstrous that such a class is subjected to what they endure daily! I am perfectly assured that no necessity exists to open our shops from early in the morning to late at night, on Sundays as well as week days.

Of course I believe it the duty of every druggist to supply necessary medicines to the public at all times, and if my proposal were injurious I would not advocate it. But nine out of 10 customers are not in urgent need, and merely want perfumes, capers and smelling bottles! Could not persons in need ring the shop bell, and could we not post a notice on the door stating only necessary medicines would be supplied?

I engage to say that if my plan were adopted, in three months there would be very few unnecessary rings of the bell, and the Sabbath would become, as it ought, a day for rest and spiritual improvement.

The Victorian Pharmacist's comments are based on a letter to C+D from 1860 that complained about Sunday opening. How have things changed? Do you keep your pharmacy open on Sunday? Let us know at postscript@cmpmedica.com.

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